

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10-018,103

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	45 minus 20 =	* 25
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

## BEST AVAILABLE COPY

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370
X\$ 9=	225
X42=	
+140=	
TOTAL	595

RATE	FEE
BASIC FEE	
X\$18=	
X84=	
+280=	
TOTAL	

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

**UNITED STATES PATENT & TRADE MARK OFFICE**  
Washington, D.C. 2023

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>2/5/01</u>		2 Serial/Patent # <u>10-018,103</u>											
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED										
<input checked="" type="checkbox"/> Filing		<u>1</u>	<u>11-5-01</u>										
<input type="checkbox"/> Amendment			\$										
<input type="checkbox"/> Extension of Time			\$										
<input type="checkbox"/> Notice of Appeal/Appeal	<b>BEST AVAILABLE COPY</b>		\$										
<input type="checkbox"/> Petition			\$										
<input type="checkbox"/> Issue			\$										
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$										
<input type="checkbox"/> Maintenance			\$										
<input type="checkbox"/> Assignment			\$										
<input type="checkbox"/> Other			\$										
		7 TOTAL AMOUNT OF REFUND											
		\$ <u>60.00</u>											
10 REASON:		8 TO BE REFUNDED BY:											
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check											
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:											
<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
<u>GARY BRIDGE</u> <u>CONNOLLY BOVE LODGE &amp; ARTZ LLP</u> <u>1220 MARKET ST. P.O. BOX 2207 WILMINGTON, DE 19899</u>													
11 REFUND REQUESTED BY:													
TYPED/PRINTED NAME: <u>ANITA JOHNSON</u>		TITLE: <u>PARALEGAL</u>											
SIGNATURE: <u>Anita Johnson</u>		PHONE: <u>305-3661</u>											
OFFICE: <u>DO/50</u>													
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****													
APPROVED: <u>Gary Briggs</u>		DATE: <u>2-5-02</u>											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B